

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031630

STATE FILE NUMBER

Registration District No. 52 Primary Registration District No. 5226 Registrar's No. 142

FILED SEP 4 1963

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt Pleasant Township		c. CITY OR TOWN Harrisonville	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 328th USAF Hospital Richards-Gebaur AFB, Mo.		d. STREET ADDRESS (If outside, give location) 400 North Lexington	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Patricia Ann Shockley			4. DATE OF DEATH Month Day Year August 26 1963		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12 Sep 43	9. AGE (last birthday) 19	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Independence, Mo.		12. CITIZEN OF WHAT COUNTRY United States

13a. FATHER'S NAME George Burtrum Ballew		13b. MOTHER'S MAIDEN NAME Rosetta Richardt		14. NAME OF HUSBAND OR WIFE James A. Shockley (H)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Jesse D. Ballew, 5273 College, K.C., Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac failure		INTERVAL BETWEEN ONSET AND DEATH Approx. 1yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Rheumatic heart disease		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from **25 August 1963**, to **26 August 1963** and last saw her/him alive on **26 August 1963**
Death occurred at **10:18 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Karl H. Hanson, Capt., USAF MC	22b. ADDRESS 328th USAF Hospital Richards-Gebaur AFB, Missouri	22c. DATE SIGNED 8/29/1963
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 31, 1963	23c. NAME OF CEMETERY OR CREMATORY Orient Cemetery	23d. LOCATION (City, town, or county) (State) Harrisonville, Mo.
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24. FUNERAL DIRECTOR Atkinson Dickey, Harrisonville, Mo.	25. DATE RECD. BY LOCAL REG. 8-30-63	26. REGISTRAR'S SIGNATURE Ray J. Lebrun
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(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

OCT 18 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Philip J. Hickney

Licensed Embalmer No.

4685

P. O. Address

Harden City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.